

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2008 8:00 am
Secretary of State

05-09-2008 90012 022 ****61.25

DOCUMENT # N04000005619

1. Entity Name

SECRET SANTA, INC.



Principal Place of Business

5731 DUNE AVENUE
PENSACOLA FL 32507

Mailing Address

P.O. BOX 34477
PENSACOLA FL 32507

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

42-1632922

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/07)



6. Name and Address of Current Registered Agent

STROMQUIST, BILL
5731 DUNE AVENUE
PENSACOLA FL 32507

7. Name and Address of New Registered Agent

Name

Brian Young

Street Address (P.O. Box Number is Not Acceptable)

13522 (MIA) Dr

City

Pensacola

FL

Zip Code

32507

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

B. Brian Young

B. Brian Young

4/22/2008

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature only used when reinstating)

DATE

FILE NOW: FEE IS \$61.25

Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------|---------------------------------|
| TITLE | DP | <input type="checkbox"/> Delete |
| NAME | STROMQUIST, BILL | |
| STREET ADDRESS | 5731 DUNE AVENUE | |
| CITY-ST-ZIP | PENSACOLA FL 32507 | |
| TITLE | PT | <input type="checkbox"/> Delete |
| NAME | YOUNG, BRIAN | |
| STREET ADDRESS | P.O. BOX 34477 | |
| CITY-ST-ZIP | PENSACOLA FL 32507 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | HARRIS, PENNY | |
| STREET ADDRESS | P.O. BOX 34477 | |
| CITY-ST-ZIP | PENSACOLA FL 32507 | |
| TITLE | DV | <input type="checkbox"/> Delete |
| NAME | BROWNING, KATHLEEN | |
| STREET ADDRESS | P.O. BOX 34477 | |
| CITY-ST-ZIP | PENSACOLA FL 32507 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SMITH, ROGER | |
| STREET ADDRESS | P O BOX 34477 | |
| CITY-ST-ZIP | PENSACOLA FL 32507 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

B. Brian Young

4/22/2008

850-602-2939

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Phone/Fax #